

12/20/00
JC-770 U.S. PRO

12-21-00

jc531 U.S. PTO

09/741717

12/20/00

Please type a plus sign (+) inside this box → +

Approved for use through 09/30/2005. GSA GEN-1-002
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(b). Express Mail Label No. EL675421516US)

APPLICATION ELEMENTS

See MPEP chapter 500 concerning utility patent application contents.

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages **18**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fee Sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets **2**]
4. Oath or Declaration [Total Pages **1**]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

WARNING: THIS FORM IS TO BE USED ONLY TO PAY SMALL ENTITY FEES. A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.57), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS REPLIED TO BY THE SMALL ENTITY STATEMENT.

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
 Continuation Divisional Continuation-in-part (CIP) Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPLICATIONS: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

| | | | | |
|--|--|-----------|----------|--|
| <input type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer No. or Attach bar code label here) | | | <input checked="" type="checkbox"/> Correspondence address below |
| Name | Joseph S. Tripoli Thomson Multimedia Licensing Inc. | | | |
| Address | Patent Operation Two Independence Way, P. O. Box 5312 | | | |
| City | Princeton | State | NJ | Zip Code 08543-5312 |
| Country | USA | Telephone | 609/734- | Fax 609/734-9700 |

| | | | |
|-------------------|------------------------|-----------------------------------|--------|
| Name (Print/Type) | Robert D. Shedd | Registration No. (Attorney/Agent) | 36,269 |
| Signature | <i>Robert D. Shedd</i> | | |
| | Date | 12/20/00 | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Express Mail: EL675421516US

PTO/SB/17 (11-00)

Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete if Known

| | |
|----------------------|----------|
| Application Number | |
| Filing Date | Herewith |
| First Named Inventor | Crocitti |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | PF990099 |

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

| | |
|------------------------|-----------------------------------|
| Deposit Account Number | 07-0832 |
| Deposit Account Name | THOMSON multimedia Licensing Inc. |

- Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

| | |
|---------------|---------------|
| Large Entity | Small Entity |
| Fee Code (\$) | Fee Code (\$) |

| | | | |
|-----|-----|-----|-----|
| 101 | 710 | 201 | 355 |
| 106 | 320 | 206 | 160 |
| 107 | 490 | 207 | 245 |
| 108 | 710 | 208 | 355 |
| 114 | 150 | 214 | 75 |

Fee Paid

| |
|-----|
| 710 |
| |
| |
| |
| |

SUBTOTAL (1) (\$ 710)

2. EXTRA CLAIM FEES

Total Claims

| |
|-----|
| 1.3 |
|-----|

 $-20^* = []$
 $\times [] = []$
 $[]$

Independent Claims

| |
|---|
| 2 |
|---|

 $-3^* = []$
 $\times [] = []$
 $[]$

Multiple Dependent

| | |
|---------------|---------------|
| Large Entity | Small Entity |
| Fee Code (\$) | Fee Code (\$) |

| | | | |
|-----|-----|-----|-----|
| 103 | 18 | 203 | 9 |
| 102 | 80 | 202 | 40 |
| 104 | 270 | 204 | 135 |
| 109 | 80 | 209 | 40 |
| 110 | 18 | 210 | 9 |

Fee Description

Claims in excess of 20
Independent claims in excess of 3
Multiple dependent claim, if not paid
** Reissue independent claims over original patent
** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|-------------------------------|-------------------------------|-----------------|----------|
| 105 | 130 | 205 | 65 |
| 127 | 50 | 227 | 25 |
| 138 | 130 | 139 | 130 |
| 147 | 2,520 | 147 | 2,520 |
| 112 | 920 | 112 | 920* |
| 113 | 1,840* | 113 | 1,840* |
| 115 | 110 | 215 | 55 |
| 116 | 390 | 216 | 195 |
| 117 | 890 | 217 | 445 |
| 118 | 1,990 | 218 | 695 |
| 128 | 1,890 | 228 | 945 |
| 119 | 310 | 219 | 155 |
| 120 | 310 | 220 | 155 |
| 121 | 270 | 221 | 135 |
| 138 | 1,510 | 136 | 1,510 |
| 140 | 110 | 240 | 55 |
| 141 | 1,240 | 241 | 620 |
| 142 | 1,240 | 242 | 620 |
| 143 | 440 | 243 | 220 |
| 144 | 600 | 244 | 300 |
| 122 | 130 | 122 | 130 |
| 123 | 130 | 123 | 130 |
| 126 | 180 | 126 | 180 |
| 581 | 40 | 581 | 40 |
| 146 | 710 | 246 | 355 |
| 149 | 710 | 249 | 355 |
| 179 | 710 | 279 | 355 |
| 169 | 900 | 169 | 900 |

Fee Paid

40

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40.00)

**number previously paid, if greater; For Reissues, see above

Complete if applicable

SUBMITTED BY

| | | | | | |
|-------------------|------------------------|--------------------------------------|--------|-----------|---------------|
| Name (Print/Type) | ROBERT D. SHEDD | Registration No. (Attorney/Agent) | 36,269 | Telephone | 609) 734-9715 |
| Signature | <i>Robert D. Shedd</i> | | | Date | 1/20/00 |

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